

JUN 25 2007

Atty Docket No. 020144-001512US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Brian J. Sines

Group Art Unit 1743

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Brian J. Sines

CERTIFICATION OF FACSIMILE TRANSMISSION

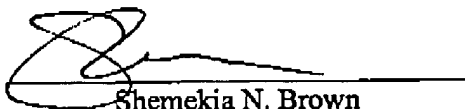
I hereby certify that the following documents in re Application of Paul Jedrzejewski, et al., Application No. 10/603,339, filed June 24, 2003 for MICROFLUIDIC DEVICES AND METHODS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 page)
2. Petition for Extension of Time (1 page + duplicate)
3. Response-Request for Reconsideration (2 pages)

Number of pages being transmitted, including this page: 6

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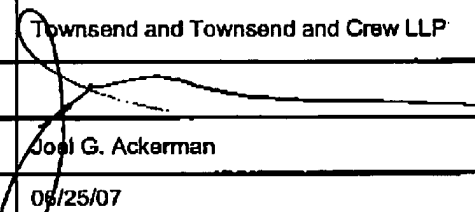
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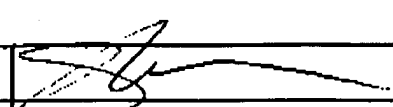
61085407 v1

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/603,339	RECEIVED CENTRAL FAX CENTER JUN 25 2007
	Filing Date	June 24, 2003	
	First Named Inventor	Jedrzelewski, Paul	
	Art Unit	1743	
	Examiner Name	Brian J. Sines	
Total Number of Pages in This Submission	4	Attorney Docket Number	020144-001512US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joel G. Ackerman		
Date	06/25/07	Reg. No.	24,307

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